

IMPORTANT – Do Not Fill Out until you read and understand this form.

EI EXPERIENCE SHEETS

1. Make statements brief and concise, designating each change in position on a separate engagement. Include the scope and complexity of work as well as your duties and degree of responsibility. If necessary, additional sheets may be used. (Begin with your earliest experience.)
2. Each of the six columns under “Time” should be filled out for each engagement, using years and tenths of years (ie. 3 months would be .25, 6 months would be a .5, and 9 months would be .75). Do not leave blank spaces, and do not use the word “yes”.
3. The time in “Sub-Professional (non-engineering) Work” (includes all time before date of BS Degree) plus the time in “Professional Work” must equal the time entered under “Total Time”. (Total Time must equal calendar time.)

| Date | | Title of Position, Name of Employer and Character of Each Engagement | Time (Years in Decimals) | | | | | | Name and Address Of Supervisor Reg. No. if Applicable | | |
|------|----|----------------------------------------------------------------------|------------------------------|-------------------|---------------------|---------------------------|----------------------------|--------------------------|----------------------------------------------------------|--|--|
| From | To | | Sub-Professional Work (1) | Professional Work | | | | Total Time Col. 1 + 5 | | | |
| | | | | Design (2) | Super-vision (3) | Responsible Charge (4) | Total Col. 2,3,4 (5) | | | | |
| | | | | | | | | | | | |

| Date | | Title of Position, Name of Employer and Character of Each Engagement | Time (Years in Decimals) | | | | | Name and Address Of Supervisor Reg. No. if Applicable | |
|------|----|----------------------------------------------------------------------|------------------------------|-------------------|---------------------|---------------------------|-------------------------|----------------------------------------------------------|--------------------------|
| From | To | | Sub-Professional Work (1) | Professional Work | | | | | Total Time Col. 1 + 5 |
| | | | | Design (2) | Super-vision (3) | Responsible Charge (4) | Total Col. 2,3,4 (5) | | |
| | | | | | | | | | |

Total Time in Sub-Professional _____

Total Time in Design _____

Total Time in Supervision_____

Total Time in Responsible Charge _____

Total Time in Professional Work _____

Total Time (Not to exceed calendar time)_____